Behaviour Support Plan Toolkit

Section 1

Behaviour Support Plans: Why Develop Good Quality Plans
Why do people engage in behaviours of concern?

It is extremely rare that the behaviour of any person can be explained by a single reason. A combination of issues may be involved including: developmental (the type and impact of their disability); biological (including health, sensory or physical issues); psychological (mental health, trauma, thinking and problem solving abilities, etc); and social issues (communication difficulties, lack of meaningful opportunities, unmet needs).

The majority of behaviours of concern serve a purpose or function and may be occurring in order to have a need met. The need may be to avoid, get or express something. It may be occurring because the person does not know other ways to get their needs met. Often the behaviour has worked for the person in the past, or previous attempts to have their needs met have been ignored (McVilly, 2002).

Human Rights, Legal considerations and Behaviour Support Plans

In Victoria, we work under a number of legislative frameworks which outline how we support people with a disability and our obligations. When limiting the rights of a person with disabilities because they are exhibiting behaviours of concern, there are three major documents that guide practice - one international convention and two local Acts of Parliament.

### Convention on the Rights of Persons with a Disability

Is an international convention that Australia signed in July 2008 which places an obligation on us to “promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity”.

(Article 1 – Purpose)

### Victorian Charter of Human Rights and Responsibilities

Is an Act of the Victorian Parliament that by law imposes “an obligation on all public authorities to act in a way that is compatible with human rights; (Section 1(c) – Purpose)

### Disability Act 2006

The Disability Act 2006 requires by law that any person who is subjected to restraint and or seclusion in disability services in Victoria must have a behaviour support plan (BSP). The BSP must describe how the person will be supported, and show that the restrictive interventions used are the least restrictive option and are only being used as a last resort (Refer to Part 7 of the Disability Act 2006 for further explanation on the use of restrictive interventions).

Therefore, according to the Disability Act 2006, restrictive interventions (chemical, mechanical, physical restraint, seclusion or other) can only be used if they are necessary to prevent;

“Behaviour that causes physical harm to the person or any other person or destroying property resulting in the risk of harm to the person or any other person”.

Why write a quality Behaviour Support Plan?

Research conducted by the Senior Practitioner-Disability has found that quality behaviour support plans (BSPs) are associated with reductions in the use of restrictive interventions (Webber, Richardson, Lambrick & Fester, 2012). Other research shows that the quality of a BSP can directly influence the quality of support provided to people with a disability (Blood & Neel, 2007).
What is Positive Behaviour Support (PBS) and why use it?

Many studies have found that strategies to support people with disabilities and behaviours of concern that are based on the principles and aims of PBS are more successful than those that are not. (Carr et al., 1999; Grey & McLean, 2007; LaVigna & Willis, 2012).

Positive behaviour support (PBS) has two main aims:
1. to increase quality of life and 2. to decrease behaviours of concern.

PBS places importance on teaching new skills and making changes to a person’s environment, among other things. Positive strategies are those that improve a person’s life and include working with the person rather than trying to control/change them.

Understanding the meanings and purposes of the behaviour from the individual’s point of view, rather than simply stopping behaviour is also important.

PBS should be one part of a multiple element/part approach to supporting people with disabilities including Person Centred Planning, Active Support and Health planning.

The Planning Cycle

Behaviour Support Planning is not a linear process where you start at one end and finish at the other. Rather, planning is a number of steps that continue over the life of the plan and begin again at the end of each cycle when you evaluate your progress.
A Functional Behaviour Assessment is a key component of a BSP (Department of Human Services, 2011).

Research has shown that basing strategies in a BSP on the results of an FBA can significantly increase the success of those strategies, when compared with strategies not based on FBA (Carr et al., 1999). See Section 4 for more information on FBA.

**IDENTIFY - define the behaviour:**

The first step in a FBA is to develop a clear description of the behaviour in question, what it looks like, how often it occurs (frequency), how long it lasts (duration), and the harm or risk of harm that results (severity/intensity). Without this information you will not be able to collect information on the defined behaviour or measure change.

**ASSESS - gather your evidence:**

Looking at what happens after can show us what might be increasing the chances of the behaviour happening again (what’s reinforcing the behaviour) or what the person is seeking or avoiding. See Section 4: Behaviour Recording Sheets.

Trauma, physical illness and especially chronic medical conditions occur more often in people with developmental disabilities than in the general population and can have a major influence on a person’s behaviour (Office of the Senior Practitioner, 2008a; McVilly, 2002). Studies also show that appropriate medical intervention for identified conditions can lead to reductions in behaviours of concern (Carr & Owen-DeSchuyver, 2007).

Communication in particular requires thorough investigation. Understanding how the person communicates and in particular how both staff and client can exchange communication easily is important. For example, a study found that those with significant difficulties in communication (expressing and receiving) were more likely to exhibit self-injury (McClingo, Hall & Oliver, 2003). Without communication intervention, behaviours of concern in general are likely to be persistent and have long-term negative consequences (Sigafoos, Arthur and Reilly, 2003).

Using the information gained through the behaviour recording details along with what’s been discovered through the “About the person” assessment, (The areas covered in the “About the person” section include; History, Health, Communication, Likes/dislikes, Sensory, Dreams and aspirations - without exploring these areas of a person’s life, an understanding of the person and their behaviour and planning for increased quality of life is severely limited.) you can come up with a clearer idea about why the behaviour could be occurring (its function). Section 4: QABF.
PLAN - Use the Positive Intervention Framework ("Getting it right from the start") to plan supports and test the idea of why the behaviour is occurring (function) by developing and introducing some strategies based on the function.

### Proactive Strategies

**What to do to prevent the behaviour**

<table>
<thead>
<tr>
<th>Change the environment</th>
<th>Teaching skill</th>
<th>Short term change strategies for rapid change to behaviour</th>
<th>Immediate response strategies:</th>
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<tbody>
<tr>
<td><strong>Aim:</strong> To gather relevant information about the person and use the information to identify areas for improvement/change</td>
<td><strong>Aim:</strong> Skills we can support the person to learn instead of the behaviour</td>
<td><strong>Aim:</strong> To promote fairly rapid change in the short term.</td>
<td><strong>Aim:</strong> To de-escalate and/or manage serious episodes of the behaviour</td>
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| Gather relevant personal background information and describe the changes to be made now that should reduce the chances of the person needing to use the behaviour in the future (McVilly, 2002) | General skills development (e.g., teaching the person to do more things for themselves) | To support the learning of new skills –  
- Avoid things you know upset the person  
- Use strategies to increase engagement |
| - Increase the circumstances that produce desired behaviour | Useful communication strategies that promote effective communication (e.g., teaching the person to sign when seeking social interaction) | Learning a new skill can be difficult and people are more likely to be motivated to learn if they are rewarded. |
| - Reduce or eliminate the triggers and setting events | Coping skills (e.g., teaching the person what to do when feeling angry) | Rewarding appropriate behaviour will be critical for behaviour change to take place and be maintained. |
| - Address any physical and mental health issues, communication difficulties for the person and for staff, as well as the other areas of the person’s life needing support that were identified in the “About the person” section. | Teaching replacement skills/behaviours (usually some form of communication skill), are more effective than changing triggers, setting events or what usually happens after the behaviour, as long as they are based on an FBA (Budisellik et al, 2010). | Rewards need to be meaningful for the person; something they understand and like, and it should be something “extra”, not something they would normally experience or receive as part of their daily life (McVilly, 2002). |
| - Increase opportunities for access to a variety of activities | There is evidence to indicate that people with even profound levels of intellectual disability are able to learn new skills with the right amount of support. (Thorsteinsson, Martin, Yu, Spevak, Martin, & Lee, 2007). See FAQ #6 on the Senior Practitioner-Disability website. | **Redirection (e.g., distract)**  
- Talk to the person and find out what the problem is  
- Responding to early signs of the behaviour  
- Responding to serious episodes of the behaviour |
| - Promote a “balanced lifestyle” | | **De-escalation**  
A BSP should also contain descriptions of specific strategies for managing the behaviour of concern when it occurs, to maintain the safety of the person and all others (LaVigna et al, 2009). |
| - Predictable environment | | **Last resort strategies to prevent harm to the person or others.** |
IMPLEMENT - Using the strategies:

CONSISTENCY
Only with consistent application from all members of the team will strategies work

In order for a BSP to be successful, the people who are responsible for carrying out the plan must believe it will work (McLean & Grey, 2012). They must be motivated to participate and they must have the skills and the physical and emotional abilities to carry out the plan (Carr et al., 1994; McLean & Grey, 2012).

A critical part of functional behavioural assessment involves assessing the strengths and needs of the people who will be carrying out the work (Department of Human Services, 2011).

Developing the behaviour support plan in collaboration with the person and all support staff/carers increases the likelihood that the strategies will be implemented consistently (Department of Human Services, 2011). Having specific short term and long term goals for the person and the BSP will also increase the chances of success. Goals should focus on increasing the replacement behaviour and providing supports that decrease the use the behaviour of concern.

MONITORING AND EVALUATION:

MONITORING - Where, when and how often you will collect data to allow you to check regularly on your implementation and progress.

Key questions:
- Are we achieving what we intend?
- What are the obstacles to implementation?
- Are we coordinating effectively?
- What are the implementation gaps? How are we going to address them?

The BSP should also provide details about how behaviours and skills will be assessed; who will be involved in collecting the information, and how they will do it should (Budiselik et al, 2010).

- An Action Plan to be discussed at team meetings could be useful to check if the BSP is being implemented. See Section 4: Action Plan.
- Quality of life can be assessed by checking for increases in the person’s health, PCP goals or by using specific QoL assessment tools.
- Intermittent behaviour recording is needed to check for changes in the behaviour.
- Recording whether the person is learning and using the skills they need.
- Details on the use of restrictive interventions for any person can be generated using the Restrictive Interventions Data System by persons with authorised access.

EVALUATION - Assess if the strategies made a difference for the person. What has our monitoring data shown us, what does it mean?

It is essential to continue recording the identified behaviour/s of concern throughout the life of the plan in order to see if any changes have occurred following the introduction of the strategies (McVilly, 2002).

Key questions:
- What did we do?
- What did we achieve? Did we achieve what we intended?
- What have we learned?
- Are we fully addressing the causes and possible functions of the behaviour of concern? If not what are the gaps?

Using the strategies in a BSP should bring about:

- an increase in the person’s skills and abilities
- a decrease in the frequency, duration and severity/intensity of the behaviours of concern
- a decrease in the use of restrictive interventions.
References:


